

## **1.0 Description of the Procedure**

A cochlear implant device is an electronic instrument, part of which is implanted surgically to stimulate auditory nerve fibers, and part of which is worn or carried by the individual to capture and amplify sound. The purpose of implanting the device is to provide an awareness and identification of sounds and to facilitate communication for individuals with profound hearing impairment.

## **2.0 Eligible Recipients**

### **2.1 General Provisions**

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

### **2.2 Special Provisions**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at <http://www.dhhs.state.nc.us/dma/prov.htm>.

## **3.0 When the Procedure is Covered**

Cochlear implantation and aural rehabilitation are covered for recipients from birth to 21 years of age when the following criteria are met:

- The recipient has a diagnosis of bilateral severe-to-profound sensorineural hearing impairment with limited benefit from appropriate hearing (or vibrotactile) aids. Bilateral profound sensorineural deafness must be demonstrated by the inability to improve on age-appropriate closed-set word identification tasks with amplification.
- The recipient has the cognitive ability to use auditory cues and a willingness to undergo an extended program of rehabilitation.
- The recipient is free of middle ear infection.
- The recipient has an accessible cochlear lumen that is structurally suited for implantation.
- The recipient is free of lesions in the auditory nerve and acoustic areas of the central nervous system.
- There are no contraindications for the surgery.

#### **4.0 When the Procedure is Not Covered**

Cochlear implantation is not covered when criteria in Section 3.0 are not met.

#### **5.0 Requirements for and Limitations on Coverage**

Cochlear implant devices must be approved by the Federal Drug Administration (FDA).

Cochlear implantation does not require prior approval.

Requests for replacement parts or for repairs to cochlear implant devices should be directed to the Children's Special Health Services program at 919-855-3701.

#### **6.0 Providers Eligible to Bill for the Procedure**

Physicians enrolled in the N.C. Medicaid program who perform this surgery may bill for this service.

#### **7.0 Additional Requirements**

Prior approval is required for aural rehabilitation. Refer to Clinical Coverage Policy #10A, Outpatient Specialized Therapies for additional information.

#### **8.0 Billing Guidelines**

Reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs.

##### **8.1 Claim Type**

Physicians bill for services using the CMS-1500 claim form.

Hospitals bill for services using the UB-92 claim form.

##### **8.2 Diagnosis Codes that Support Medical Necessity**

Providers must bill the ICD-9-CM diagnosis codes to the highest level of specificity that supports medical necessity. Diagnoses that support medical necessity include:

- 389.10
- 389.18
- 382.2

### 8.3 Procedure Codes

#### 8.3.1 Physicians

Physicians bill CPT code 69930 for the implantation of the device.

Aural rehabilitation is billed according to the guidelines listed in Clinical Coverage Policy #10A, Outpatient Specialized Therapies.

#### 8.3.2 Hospitals

Hospitals bill Revenue Code 278 for the cochlear implant device.

### 8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

## 9.0 Policy Implementation/Revision Information

Original Effective Date: September 1, 1998

#### Revision Information:

Date	Section Updated	Change
9/1/05	Section 2.0	A special provision related to EPSDT was added.
12/1/05	Section 2.2	The web address for DMA's EDPST policy instructions was added to this section.